MARGIN

V. S. No. 1

1. PLACE OF DEATH County	<i>l</i>	Registration Dist. No. 97
Village or City Outs	ded Elblon	No St
		(If death occurred in a hospital or institution, give its NAME instead of street and nu
Length of residence in city or town v	here death occurred yrs	nos d4. How long in U.S. if of foreign birth?yrsmos.
2. FULL NAME Stan	de G. Dar	Cey Julian to
(a) Residence: No. /// O	(Usual place of abode)	St., Ward. If nonresident give only or town and S
PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAC	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
M W	Sirgle	(Month) (Day)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended de
(OI) WIFE OI	0 4 1 1 2 1	, 19, to
6. DATE OF BIRTH (month, day, and year)	Oct-4-1911	l last saw helive on
7. AGE Years Mont	hs Days If LESS than 1 day,hi	to have occurred on the date stated above, at \\ \frac{1}{2} \int A_m.
2.3 9	1/3 ormin.	The PRINCIPAL CAUSE OF DEATH and related stuses of importance were as follows:
NO SAWYER, BODKKEEPER, etc.	R. Salaan	Chacline of Double
SAWYER, BODKKEEPER, etc	2000-11400	year framoratige
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		- Many sociations
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	
year)	occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	mida	
110	Bailes	
I	Junett The -	Now of a continu
14. BIRTHPLACE (city or town)	Par.	Name of operation Date of What test confirmed diagnosis? Was there en eu
E 15. MAIDEN NAME Sert	wole of Cormel	23. if death was due to external causes (VIOLENCE) fill in also the followings
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Minister	Accident, suicide, or homicide accident. Date of injury
(State or country)	NAO	Where did injury occur? Culside of Elbto
17. INFORMANT Henry	J. Bailes	(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in ROME, or in PUBLIC PLACE.
(Address) ///0 log	pson stry De	water stad soute 79 A
18. BURIAL, CREMATION, OR REMOVAL	Oel Date any 20 1939	Menner of injury Charles with Men
Piacel UZ Linumy U. K	7 =	Nature of injury 1000
19. UNDERTAKER	in a Lous face us lu p	
(Address)	1000	If so, specify (Signed) Manley & Laffer
20. FILED (1957)	Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	CEP 5 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	I BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
	American de la companya del companya del companya de la companya d			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

-WRITE PL. LY, WITH UNFADING INK-THIS IS A PERMANENT RI RD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.—WRITE PL

STATE OF MARYLA	ND—CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County	Registration Dist. No. / 6
Village or City Pert Bycke	No. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Stell Born	J Baker
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
4. COLOR OB RACE 5. SINGLE, MARRIED, WII OR DIVORCED (write the	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, end year) Queg - 5-19	35 1 last saw h. C. 7 hand Greg 5, 1935, death is sai
	SS than to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade profession or particular	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at bis securation (month and	(4 months)
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Part Kepaul (State or country)	Other Contributory Causes of importance:
13. NAME HILLSON Non bo	2.
14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Agostha Rieliandron 16. BIRTHPLACE (city or town). Asymptotale	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19
B-41 0 1841	Where did injury occur? (Specify city or town, county and State)
(Address)	Specify whether injury occurred in INDÚSTRY, In HOME, or In PÚBLIC PLACE.
Place U Pringisses Date 8/	Manner of injury
19. UNDERTAKER Frather Baker	24. Was disease or injury in any way related to occupation of deceased?
05 25 7 7 11	11/14/11/11

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1921 Run over by street car Chronic interstitial nephritis 1 week ago Julu 5.1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenterità 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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state

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Every item of infor-

V. S. No. B

PHYSICIANS statement RD. (Usual place Exact PERSONAL AND STATISTICAL PARTI A PERMANENT RI 3. SEX 4. COLOR OR RACE 5. SINGLE, MARI OR DIVORCED stated EXACTL properly classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days 6 IS 8. Trede, profession, or perlicular OCCUPATION WITH UNFADING INK-THIS kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.... of AGE should CAUSE OF DEATH in plain terms, so that it may 9. Industry or business in which See instructions on back work wes done, as SILK MILL, SAW MILL, BANK, etc.____ 10. Date deceased last worked at 11. Total ti this occupetion (month and year) _____ 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town) mation should be carefully (State or country) MOTHER TION is very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town (Stete or country) 17. INFORMANT -WRITE PL. (Address) 18. BURIAL, CREMATION, OR REMOVAL 19. UNOERTAKER (Address)

20. FILED

1. PLACE OF DEATH

Village or City reca

Length of residence in city or town where death occurred

County

2. FULL NAME

(a) Residence: No.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 08688
DATH	(108)
ecol ,	Registration Dist. No. 92
near Iron Hill	No. St. Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) os. 7/ ds. How long in U.S. if of foreign birth?
Roberta V. Bayl	· · · · · · · · · · · · · · · · · · ·
0. (Usual place of abode)	St., Ward. If nonresident give city or town and State
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Crua vet- 9 193 5
divorced all arms	(Month) (Day) (Year)
abert J. Baylis	22. HEREBY CERTIFY. That I attended deceased from 1938 to Un 99 1935
, day, end year) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Clast saw h e elive on Cury 9 19 3 Sdeeth is said
Months Days If LESS than	to have occurred on the date stated above, at 6 20 m.
6 27 1 day,hrs	ware as follows:
or perlicular	Wellewin . Solerosis . Date of onset
one, es SPINNER, KKEEPER, etc	Blumi Mys coulty 1905.
ss in which as SILK MILL,	bezebrue Hadmonhage aug 4.1935-
worked at (month and spent in this	Joba Preumone: au 7.1935.
occupation	Other Contributory Causes of importance:
(WI) Penna	
Bucks teourity	
aniel harrar	
or town). Dema	Name of operation
ry)	What test confirmed diegnosis? No. Was there en autopsy? No.
I salel Harron	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
or town) Dema	Accident, sulcide, or homicide?
ry)	Where did injury occur? (Specify city or town, county and State)
Revort DElavare	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
OR REMOVAL D	/ Manner of injury
Isville benatite Lug 13, 1936	Nature of injury
venue & afirmathy,	24. Was disease or injury In eny way related to occupation of deceesed? No
Comment your	(Signed) Uthera Mercher M.D.
Registrar.	(Address) 136 W. Main Newal Del!
If more blanks are needed, address State Registra	T. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronie interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SFP 5 1915	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

سرختهم

4	y item of infor-	S should state	t of OCCUPA-	/
DING	N. B.—WRITE PLAKLY, WITH UNFADING INK-THIS IS A PERMANENT RE. D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
ARGIN RESERVED FOR BINDING	THIS IS A PERM.	d be stated EXA	y be properly class	k of certificate.
RGIN RESERV	NFADING INK-7	plied. AGE should	erms, so that it may	instructions on bac
P C	JAKET, WITH U	ld be carefully sup	DEATH in plain te	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PI	mation shou	CAUSE OF	TION is ver

V. S. No. 1

STATE OF MARYLAN	D—CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-m
County	Registration Dist. No. 73
Village or City Comments of the Village of City Comments of City	
	(If death occurred in a horpital or institution, give its NAME instead of street and num mos
(KOT (DX)	
2. FULL NAME OF THE OWNER	Line Hop Cit.
(a) Residence: No. (Usual place of abode)	St. Ward. If nonresident give city or town and Sta
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDON	
OR DIVORCED (write the v	, 19
5a. If married, widowed, or divorced	(Month) (Day)
HUSBAND of Colonia Colonia.	22. I HEREBY CERTIFY. That i attended dec
1900	,19.30 , to
6. DATE OF BIRTH (month, day, and year)	l last saw harmonive on 1922; d
7. AGE Years Months Days if LESS 1 day,	
orn	
8. Trade, profession, or particular kind of work done, as SPINNER.	organica, o
kind of work done as SPINNER. SAWYER, BOOKKEEPER, ofc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
work was done, as SILK MILL, SAW MILL, BANK, etc	man consolina
0 10. Date deceased last worked at this occupation (month and spent in this	
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Other Cadibatory Cades of thipotonics.
(State or country) Kiev, Russia	ANK
13. NAME Whithhite	177497
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an auto
ESTRET ALVANOWICZ	23. If death was due to external cutses (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicides
∑ (State or country)	Where did injury occur (Specify city or town, county and State)
17. INFORMANT - System	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
(Address) Jesun Sun Ma	1/1/2017
18. BURIAL, OREMATION, OR REMOVAL Place Place Date Clu 7 / 9	Manner of injury
1 COST	Nature of injury
19. UNDERTAKED . C. Uffson	24. Was disease or injuly in any way resided to occupation of declared
(Address) / resing Seen Ma	if so, specify
20. FILED aug 1 . 193 4	(Signed)
	strar. (Address)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ITEMS 12, 13 and 15 changed (added) on authorization of letter filed under DR. KANE, Health Officer, April 14, 1936, and photostatic copy of marriage certificate of deceased.-L.

BINDING
FOR B
RESERVED
ARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH pluods County Registration Dist. No Village or City jo (If death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? _____yrs.____ Length of residence in city or town where deeth occurred statement PHYSICIAN If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Oav) properly classified. EXACT 5a. If married, widowed, or divorced HUSBAND of ERTIFY. That t attended deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Years Months Days to have occurred on the date stated above, at ______m. stated I day, --- hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance 0 Date of onset 8. Trade, profession, or perticular OCCUPATION be kind of work done, as SPINNER, jo SAWYER, BOOKKEEPER, etc ... back plnods 9. Industry or business in which it may work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased lest worked at 11. Total time (yeers) this occupetion (month and spant in this that occupation instructions WITH UNFADING So 12. BIRTHPLACE (city or town (State or country supplied. FATHER 14, BIRTHPLACE (city or town plain (Stete or country) carefully Whet test confirmed diagnosis?. MOTHER important. .E 23. If death was due to external causes (VIOLENCE) fill in also the following: DEATH 16. BIRTHPLACE (city or town (State or country pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. plnods WRITE PLA very OF (Address) Manner of injury CAUSE mation LION 19. UNDERTAKER (Address) 20. FILED away Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

SIAIL OF MARYLAND— 1. PLACE OF DEATH(/	CERTIFICATE OF BEATH 108030
County Letil	Registration Dist. No.
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
0/. 0 1	ds. How long in U.S. If of foreign birth?yrsds
2. FULL NAME Classince R. Clarg	
(a) Residence: No. Yellow (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
If married, widowed, or divorced HUSBAND of Bernie Shoetley Clair	22. A I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (month, day, and year) UCI 240 1864	I last saw h as elive on
AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Orassin July Heart Judebut
9. Industry or business in which work was done, as SILK MILL, Januer returned SAW MILL, BANK, etc.	doute detalt 19 1 Est
11. Total time (years) this occupation (month and year)	January January Caran
BIRTHPLACE (city or town) llelaware Celig (State or country)	Other Contributory Causes of importance:
13. NAME Margasel matchette	
14. BIRTHPLACE (city or town) Water	Name of operation Date of Was there en autopsy?
15. MAIDEN NAME James M. Craca	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) INFORMANT Lang (Address) (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of fleatast flow Date 119130	Nature of injury.
UNDERTAKER John Ja (affag) (Address)	24. Was disease or injury in any way related to occupation of deceased?
FILED Cleg 9, 19 35 Down	(Signed) Jer M. [(Address) Jacobs M. [

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		2712
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

1. PLACE OF DEATH		Paristakian Diat. Na	01
County Cecu	40 -1	Registration Dist. No	7.9
Village or City frale	Journaluse (1)	No. death occurred in a hospital or institution, give its NAME instead of str	St.,Ward eet and number)
Length of residence in city or town where	death occurredmos	ds. How long in U.S. if of foreign birth?yrs	ds.
2. FULL NAME Jacof	Charles Men	mel de years	
(a) Residence: No.		St., Ward.	
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or to MEDICAL CERTIFICATE OF DEA	17
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male While	OR DIVORCED (write the word)	(Month) (Day)	, 193 3 (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	the Aleman	22. 4/24 HEREBY CERTIFY, Thet is	ttended deceased from
. DATE OF BIRTH (month, day, and year)	2,09 1859	I last saw h. wie elive on 7/2	192 4 : deeth is said
AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at 1 Pm.	
73- 11	2 3 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importan were es follows:	
8. Trade, profession, or particular kind of work done, es SPINNER,	Rolling	Jaceer of throat	Date of onact
SAWYER, BDDKKEEPER, etc	1 Jansao	ν	
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc	Same and		
- tina occupation (month cha	11. Total time (years) spant in this		
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	mae		
1 / /	De		
The state of	2 M	Name of operation	ate of
(State or country)	are and	when survive north	nere an autopsy? 342
15. MAIDEN NAME	undo Bauma	33,15 death was due to external causes (VIOLENCE) fill in elso the f	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Germann /	Accident, suicide, or homicide? Date of injury.	
(State or country)	F	Where did injury occur?	10
INFORMANT Ally Hassn (Address)	of Jennes	(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HDME, or in PUE	and State) BLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Juny Moc	Manner of Injury	
Place 3 ether comeffen	1. Date 3 , 1933	Nature of injury	
19. UNDERTAKER July	6 atunally	24. Was disease or injury in any way related to occupation of decea	sed? no
(Address) Ellel	130 T	If so, specify	
20. FILEDULA 1935-		(Signed) 13 & team	S M.D.
	Registrar.	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.	140

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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proj gree are more a			
death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
SFP 2 1935	1915	Attack of epilepsy	1 week ago
tis	1921	Run over by street car	1 week ago
BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
•			
ses of importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	SEP 3 1935	SFP 3 1935 1915 tis 1921 BUREAU V. S. July 5, 1927 ses of importance:	SFP 3 1935 1915 Attack of epilepsy Run over by street car BUREAU V. S. July 5, 1927 Peritonitis Ses of importance: Other contributory causes of importance:

V. S. No. 1

1. PLACE OF DEATH		82-0)	
County C		Registration Dist. No. 76	
Village or City	yrille mu	/NoSt.,	Ward
Langth of rasidence In city or town where		death occurred in a hospital or institution, give its NAME instead of street and numb	
201	Z. Z/	yisyis.	08.
2. FULL NAME ELL	a pristri		
(a) Residence: No.	(Osual place of abode)	Ward. If nonresident give city or town and State	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	_
7" 7v.	OR DIVORCED (write the word)	(Month) (Day)	35
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of		(Month) (Day)	(Year)
(or) WIFE of	I St. This.	1 HEREBY CERTIFY, That I attended dece	ased from
	2 1/12 15-63	, 135, 10	19.00
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months	Days If LESS than	10 -4-	ath Is said
72 2	26 1 day,hrs.	to have occurred on the date stated above, at the PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trada profession or particular	ormin,	were as follows:	ta ol onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc		Sixeland House of and	
9. Industry or business in which work was done, as SILK MILL.	12 1	Jacob Vac Viacoby, sarys	725
SAW MILL, BANK, etc	Value		/.00
- I this occupation (month and	11. Total time (yaars) spent in this	2) 1	
year)	occupation	Other Contribatory Causes of importanca:	
12. BIRTHPLACE (city or town)	>. •		
1 0	· Not		
E	ia orome		
14. BIRTHPLACE (city or town)	10.4	Nama of oparation Date of	4.0
	A	What test confirmad diagnosis? Was there an autop	sy? NO
I	o do ammana	23. If death was dua to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Nul	Accident, suicide, or homicida? Date of Injury, Where did injury occur?	, 19
1	0.00 7, 16	(Specify city or town, county and State)	
17. INFORMANT (Address)	il poed	Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL		Mannar of injury	
Place Cesbury Com	S Date Gung / 3 , 19 35	Nature of Injury	
19. UNDERTAKER PL 97:	ton s/	24. Was disaase or injury in any way related to occupation of deceased?	0
(Addrass)	rep Dal	If so, spacify	
8/12 35 60	Frydand	(Signed) . T. Magraw,	M D
20. FILED 0// 1903	V. VUUGUUU	1 - 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		J goal
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

PHYSICIANS should state

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

0	13	1		
11	7	14	()	")
15	0	1 }	. 9	1)

1. PLACE OF DEATH	159
County Leas	Registration Dist. No.
Village or City Near Morth Cash.	NoSt., Ward if death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residance In city or town where daath occurredyrsmos	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Infant) Ford	
(a) Residence: No. 1 North East P. 49 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH Que 26- 1935 (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) July (6 1935	1 HEREBY CERTIFY. That I attended deceased from 1935, to aug 26, 1935 (1) I st saw her alive on aug 26, 193); death is said
1 dey,hrs.	to heve occurred on the date stated above, at/Am. The PRINCIPAL CAUSE OF DEATH and related causas of Importence wera es follows: Date of one of
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc	Oremature birth (7 Mouths)
12. BIRTHPLACE (city or town) Arth Eggs The (Stata or country)	Other Coutributory Causes of importance:
13. NAME Quin alreed ford 14. BIRTHPLACE (city or town) north East	androw
14. BIRTHPLACE (city or town) north East	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cuma May Creswell 16. BIRTHPLACE (city or town) North East (State or country) 17. INFORMANT Claim G. Ford (Address) North East	23. If daath was due to external causes (VIOL ENCE) fill In also the following: Accidant, suicide, or homicide? Date of injury, 19 Whare did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place North Carl M. E. Date Queg 26, 19 35	Manner of injury
19. UNDERTAKER OTEBLE OF Frank (Addrass) Worth Carl 20. FILED Cut 2b, 1935 Lev W. Queens	24. Was disease or Injury in any way related to occupation of dacaesed? If so, specify (Signad) M. D.
Registrar.	(Addrass) - A A A C

N. B.—WRITE PLANKY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Ex	ample I		Example II	
The principal cause of dear of importance were as followard Arteriosclerosis	ws: C C Custs	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	CEP 3	1931	Run over by strect car	1 week ago
Cerebral hemorrhage	224510 F. Av. 4'	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

EX. Every item of infor-PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH 08694

1. PLACE OF DEATH	53-e
County Creek	Registration Dist. No. 70
Village or City NEAN Earleville	No. St., War
	(If death occurred in a horpital or institution, give its NAME instead of street and number) os. 15. How long in U.S. if of foreign birth?
Length of residence in city or town where death occurredyrs,m	osyisus. How long in o.s. it of foreign birth?yismosu
2. FULL NAME CHURCH A. DONCE	
(a) Residence: No. (Seellaw, (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH aug 19 193N
5a. If marriad, widowed or divorced	(Month) (Day) (Yaar)
(or) WIFE of A Robert Souce	22. MAN - 1 - 1934 to Man 19 - 1934
5. DATE OF BIRTH (month, day, and year) her. 11/1878	I last saw he alive on alive of alive o
AGE Years Months Days If LESS than	to have occurred on the date stated above, at
57 8 1 Gay,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House File SAWYER, BOOKKEEPER, etc.	Cerebras Jumbe, Intefe
9. Industry or business in which	
work was done, as SILK MILL, own Horico	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Creek to July	
(State or country)	
13. NAME HORANGE AS BIGGS	
14. BIRTHPLACE (city or town)	Nama of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME SUSQUENTESSEY	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town soil Co. ma.)	Accident, suicide, or homicide?, 19, 19, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT DAMAGE DOMAGE (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL)	Manner of injury
Place St. Payls Camelege lug 22, 193	3- Nature of injury
J. Kallage	24. Was disease or injury in any way related to occupation of deceased? 200
19. UNDERTAKER PARTIES (Address Carillon)	24. was disease or injury in any way related to occupation of deceased.
Alexander Alexander	(Signed) Guy Characa M.
20. FILED 27 , 19 35 Registrar.	(Address) Salige MA

V. S. No. 1

N. B.-WRITE PLA

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUNEAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

mation should be carefully supplied.

V. S. No. 1

TION is very important.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

1. PLACE OF DEATH	IE OF	MAR	YLAND—	ERTIFICATE OF DEATH	8695
County Cecil				Registration Dist. No. 96	
Village or CityVeterar			(If	ty noPerry Point Md. St., death occurred in a horpital or institution, give its NAME instead of street and n 28.ds. How long in U.S. If of foreign birth? yrs. mo	number)
2. FULL NAME GR (a) Residence: No. 41	4		Washville,	198 804 World War Veteran Tesn. Ward. If nonresident give city or town and	State
PERSONAL AND S	TATISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR white		OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 23 (Month) (Day)	, 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary O	verton G	rigg		22. I HEREBY CERTIFY, That I attended a September 26, 154, to August 23	, 19.35.
6. DATE OF BIRTH (month, day, end 7. AGE Years 36	year) Apri: Months 4	1 14,] Days 9	If LESS than 1 day,hrs.	I THE ENTINCIFAL CAUSE OF DEATH and related causes of importance	.; death Is sald
8. Trade, profession, or particul kind of work done, as SF SAWYER, BDOKKEEPER, 9. Industry or business in which work was done, as SILK SAW MILL BANK etc.	h	ing Sal	lesman	were es follows: General Paralysis of the Insane, cerebral type	Date of onset
SAW MILL, BANK, etc	it id	11. Total t spe oc:	ime (years) nt in this upation	Other Contributory Causes of importance:	
. 1	. A. Gri	ØØ.			-
14. BIRTHPLACE (city or town) (State or country)				Name of operationDate of	
15. MAIDEN NAME	Unknow	wn		what test confirmed diagnosis? LITTLE AT 1. I ADWAS CRIEF AND THE AT 1. I ADWAS CRIEF	uropsy?ING
16. BIRTHPLACE (city or town) (State or country)	Unkno	wn		Accident, suicide, or homicide?NQ	, 19
	Perry Po		1.	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) ACE.
18. BURIAL, GREMATION, OR REMOV Place Nashyille	/AL			Manner of injury ————————————————————————————————————	
(andress)	son Mitch		tehell	24. Was disease or injury In eny wey related to occupation of deceased?	No M D
20. FILED 0/24, 1931	- warls	a Wh	Morressou AfRegistrar.	U. F. DAVIS, M.D. Clinical D	irector

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Example I			Example II		
The principal cause of death of importance were as follows: Arteriosclerosis	ECEIVE	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	4 7025	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	500	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V.	S.		·	
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

N. B.—WRITE PLAN

V. S. No. 1

AD. Every item of infor-

	County Coco	W	THIN SAN	200.	Registration Dist. No. 9	2
	()0	kton	11.	e land	Mollage Les betal	14
	Village or City	Mass.		(1	death occurred in a hospital or institution live its NAME instead of street and nu	
4	Length of residence in city or to	wn where deat	h occurred	Ursmos	sds. How long in U.S. If of foreign birth?yrsmos	
2	. FULL NAME			Herlan	If U.S. Veteran specify WAR	
	(a) Residence: No				St.,Ward.	
_			(Usual place	e of abode)	If nonresident give city or town and S	State
	PERSONAL AND ST		AL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	4. COLOR OR When	RACE 5.		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month) (Day)	193 J (Year
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of			0	22. IMEREBY CERTIFY, That I attended d	eceased
6. 1	DATE OF BIRTH (month, day, end y	ear) ace	mit 1	16-1935	I last saw Recordalive on 19	death Is
7. /	AGE Years	Months	Days	If LESS than	to have occurred on the dete stated above, at 1/13 m.	
				1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
2	8. Trade, profession, or particula	1 3			Therajenti	Date of
2	kind of work done, es SPI SAWYER, BOOKKEEPER, et	lc.	one	•	aborten	
OCCUPATION	9. Industry or business in which work was done, as SILK M SAW MILL, BANK, etc	ILL.			Contre gestalini	
00	10. Date deceased last worked at this occupation (month and		11. Total	time (years) ent in this	A selection of the sele	
	year)			upation	Other Contributory Causes of Importance;	
12.	BIRTHPLACE (city or town)	you t	Hoop	tal	1	
	(State or country)	Elklon	· Dec	aleglace)	
ER	13. NAME John the	leher	Trent	and .	p T	
FATHER	14. BIRTHPLACE (city or town)	Malea	land		Name of operation everelined Date of	16
	(State or country)	1			What test confirmed diagnosis? Was there an au	opsy?
HER	15. MAIOEN NAME THAN	cy fai	ce JV	usfelt	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOT	16. BIRTHPLACE (city or town)	Kate	laces	0	Accident, suicide, or homicide? Date of Injury	, 19
Σ	(State or country)	6			Where did Injury occur?	
17.	INFORMANT The The	sey Ja	re. Ne	low	(Specify city or town, county and State Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18:	BURTAL, CREMATION, OR REMOVE	AL			Manner of Injury	
	Place / Turney		Oate	, 19	Nature of injury	
19.	UNOERTAKER 7/0				24. Was disease or injury in any way related to occupation of deceased?	
20.	FILED Chig 22 19575	73	ausic	mayer	(Signed) (Selection)	1

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20 100	الحجا		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been charged work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Luglaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DE. Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomolive engineer, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. But in many (b) Grocery;

Typhoid fever (never report "Typhoid Pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Cround fever (the only definite synonym is "Epidemic cere ed term for the same disease. Examples: Cerebros EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the his pneumonia, Bronchopneumonia ("Pneumonia,

> Capproved by Committee on telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory Nomenclature of the

date is essential and must be obtained before the certificate is permanently filed. Bus wered in detail, it will prevent further correspondence. this certificate is looked over thoroughly and all questions

WITH UNFADING INK—THIS IS A PERMANENT REV

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Jo should County Registration Dist. No. item Village or City Ward JO (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence to city or fown where death occurred. How long in U.S. if of foreign birth? statement U.S. Veteran specify WAR If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH (Day) (Year) classified. 5a. If married, widowed, or divorced HUSBAND of 22. That I attended deceased from (or) WIFE of 4 B certificate. 6. DATE OF BIRTH (month, day/end year) 7. AGE If LESS than Months Days to have occurred on the date stated above at stated The PRINCIPAL CAUSE OF DEATH and related causes of importance min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ may back 9. Industry or business in which work was done, es SILK MILL, pinous SAW MILL, BANK, etc ... 10. Date deceased last worked at this occupation amount and year) 11. Total time (years) spent in this 60 instructions 12. BIRTHPLACE (city or town (State or country) supplied. FATHER 13. NAME See Name of operation (State or count efully Whet test confirmed diagnosis?. ----- Wes there an autopsy? MOTHER important. 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Dete of Injury 16. BIRTHPLACE (city or town) (Slate or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT shoul OF 18. BURIAL, CREMATION, OR -WRITE Manner of Injury AUSE mation Nature of Injury TION 19. UNDERTAKE (Address) if so, specify (Signed) 20. FILED. Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

S. No.

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Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08699
1. PLACE OF DEATH	159
County Isovidure	Registration Dist. No. 93
Village Dr City Towicky	No. St. Ward
Length of residence in city or town where deeth occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. If of foreign birth?
2. FULL NAME Onfant) to Na	fontanie
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (variet the word)	Month) (Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
16 1021	(19 to (19)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	to here occurred on the dete steted above, et
1 dey,lhrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance
8. Trade, profession, or particular	were es follows:
Kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc	A constitut
9. Industry or business in which	Myourist Saline
work wes done, as SILK MILL, SAW MILL, BANK, etc	- January Garage
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased lest worked at this occupation (month end yeer) occupation	
12. BIRTHPLACE (city or town) Providence	Other Contributory Causes of Importance:
(Stete or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation
c (State or country)	What test confirmed diagnosis? Was there en autopsy?
I 15. MAIDEN NAME Janline Strall	23. If deeth wes due to externel ceuses (VIOLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) Tay collecte	Accident, suicide, or homicide? Dete of injury, 19
(Stete or country)	Where did injury occur?
17. INFORMANT MA Jasof dafordame (Address) February	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALO	Menner of Injury
Plece Merry ful M. Date Wilg - 1935	Nature of injury
19. UNDERTAKER OSLOLI A Grant (Address)	24. Wes disease or injury In any wey related to occupetion of deceesed?
20. FILED Doft 7 1955 P. 5 Brank	(Signed) Letto allevel M.D.
Registrar. If more blanks are needed, address State Registrar.	(Address) Aller Street Baltimore Properties 71 S. No.

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Chronic interstilial naphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		٠,٢	6

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

	state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH)
		1. PLACE OF DEATH	157-6	
	ould OCC	County Ceel GRFORATE I	Registration Dist. No. 7	
(M)	should of OCC	Village or City Clkton	NoSt.,Wa f death occurred in a hospital or institution, give its NAME instead of street and number)	rd
AU)		Langth of rasidanca in city or town where death occurredyrsmos		ds.
(C)	PHYSICIANS	2. FULL NAME Michard Melin Ma	Semet K. Eurofan specify WAR	004
B	D. J SIC tate	(a) Residence: No. 2 toward	St., Ward.	
1	HY st s	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
	REC. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A	_
	LY.	Male white OR DIVORCED (write the word)	(Month) (Day) (Yesr)	
NG	T I fed.	5a. If marriad, widowad, or divorcad HUSBAND of		
DI	X A C T I	(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased Ir	om
BINDING	lead a	6. DATE OF BIRTH (month, day, and year) Cies 12 1935	I last saw har aliva on any 13 1935; death is s	aid
~ H	IS A PE stated E properly certificate	7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 2 P m.	
FOR	IS A state propertification	0 0 1 day, 72 hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	eet
	HIS I be s be p	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.	Patent foromen orale	
RESERVED		9. Industry or business in which		
ER.	Should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc		
ESI	E TO	O 10. Date deceased last worked at this occupation (month and year)		
	NFADING I. plied. AGE rrms, so that instructions o	98 Kt	Other Contributory Causes of importance:	
Z	ADING d. AG s, so th	12. BIRTHPLACE (city or town) (State or country) Way Country	V service of the	
ARGIN	UNFAI supplied. n terms, ee instru	13. NAME Richard no Maseuvos	ου	
A	U Sup	13. NAME / Chard no Maserier	Name of operation	
	WITH stally su plain in plain	(State of Country)	What test confirmed diagnosis? Was there an autopsy?	
	W refu	15. MAIOEN NAME Sarah L Hoffer 16. BIRTHPLACE (city or town) Electory (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the Iollowing:	
6	INLY, W be carefu SATH in important	State or country)	Accident, suicida, or homicide?	
		17. INFORMANT Richard in Massers	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,	
	PLA hould OF D	(Addrass) Elkton md		
	rE sh E 0	18. BURIAL, CREMATION, OR REMOVAL Place Littor Cerriting Date ang 14 19 52	Manner of injury	
	-WRITE mation s CAUSE TION is	Trace Trace	Natura of injury	
1.	ma CA TI	19, UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?	
S. No.	m F	20. FILED Lug 13., 19.25 Danis Frager	(Signad) Hecker Boles	. D
₽.	z	20. FILED Registrar.	(Addrass) Selton rud	

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	-
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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V. S. No. 1

	Registration Dist. No. No. No. No. No. No. No. No.	Varo
Village or City Leeklos Mareflow Length of residence In city or town where death occurred yrs	No. (Issue Asepetal St., (If death occurred in a horpital or institution, give its MAME instead of street and	Ward
Length of residence In city or town where death occurredyrsm	(If death occurred in a hospital or institution, give its MAE instead of street and	Ward
Length of residence In city or town where death occurredyrsm		
2. FULL NAME GOLD Transcer Mes		
	If U.S. Veteran apecify WAR	······································
(a) Residence: No. (Usual place of abode)	St., Ward. Philadelphia Per If nonresident give city of town and	Man State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DY ORCED (sprite the word)	21. DATE OF DEATH Queguet 5-5	, 193 (Year)
a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended	deceased from
DATE OF BIRTH (month, day, and year) Quegue 22-1938	I last saw home alive on 22 2 1931	; death is sai
AGE Years Months Deys If LESS than I day,	to have occurred on the data stated above, at 2 - STA-m.	_, ueath 15 sai
9 Trade profession or particular	were es follows:	Date of onse
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEFPER, etc.		-
9. Industry or business in which	- managed for	*
work was done, as SILK MILL, SAW MILL, BANK, etc	- I was Offered	^-
10. Data deceased last worked at this occupation (month and year)		-
2. BIRTHPLACE (city or town) Lexus Assets (State or country)	Other Contributory Causes of importance:	
The state of the s		
22 17.	4	
14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of	
	What test confirmed diagnosis?	
15. MAIDEN NAME agree May Rolmer 16. BIRTHPLACE (city or town) May glace R (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, sulcide, or homicide? Data of Injury	
7. INFORMANT Mrs. agree nechau (Address)	Whera did injury occur? (Specify city or town, county and Sta Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
B. BURIAL, CREMATION, OR REMOVAL Place Date Cluq 3:, 19.3	Manner of injury	
9. UNDERTAKER // O	24. Was disease or injury in any way related to occupation of deceased?	
0. FILED Aug 23, 1935 Janua Back Registar.	(Address)	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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The second secon		Example II		
leath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
DEP 5 1935	1915	Attack of epilepsy	1 week ago	
is	1921	Run over by street car	1 week ago	
BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
es of importance:		Other contributory causes of importance:		
	May 1,1923	Gastroenteritis	1 year	
֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	ollows: SEP 5 1985 BUREAU V. S.	es of importance:	of importance were as follows: Attack of epilepsy is 1921 Run over by street car PHIREALL V. S. July 5, 1927 Peritonitis	

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STATE OF MARYLAND-CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH Jo PHYSICIANS should County. Registration Dist. No. item Village or City of (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth?_____yrs. Length of residence in city or town where death occurred U.S. Veteran specify WAR Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Day) EXACT 5a. If married, widowad, or divorcad HUSBAND of CERTIFY, That I attanded deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly If LESS than to have occurred on the date stated ebove, at 7. AGE Months stated I day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Date of onset 8. Treda, profession, or particular OCCUPATION De kind of work done, as SPINNER, jo SAWYER, BOOKKEEPER, etc back plnous may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc On 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this that oc:upation__ instructions 12. BIRTHPLACE (city or town) (State or country) supplied. plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis?_ carefully Was there an autopsy?____ MOTHER important. 15. MAIDEN NAME H 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19___ 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur?____ pe (Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE. plnous very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL 13 CAUSE mation LION 19. UNDERTAKER (Address) If so, specify (Signad). (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

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	Example I		Example II			
The principal cause of importance were	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago		
Chronic interstitial neph	irilis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	SEP 5 1935	July 5,1927	Peritonitis	3 days ago		
	BUREAU V. S.					
Other contributory causes of importance:			Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		
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WITH INEXPINE INF. THIS IS A PERMANENT BET

state OCCUPA should jo Jo PHYSICIANS statement KD. Exact PERMANENT CTL classified. A certificate. properly THIS of may back Ţ. on that instructions UNFADING supplied. See plain carefully important. DEATH pluods OF WRITE S CAUSE mation LION

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth? U.S. Veteran specify W. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3/SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR. DIVORCED (write the word) AUGUST (Day) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended decaased from (Or) WHEE OF 6. DATE OF BIRTH (month, day, and year) Days 7. AGE Wonths If LESS than to have occurred on the data statad abova, at 1 dev.____hrs The PRINCIPAL CAUSE OF DEATH end ralated causes of Importance were as follows: min. **Data of onset** CORONA 8. Trada, profassion, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc ... 9. Industry or businass in which work was done, as SILK MILL SAW MILL, BANK, etc.____ 11. Total time (yaers)
spent in this
occupation 10. Date daceased last worked at this occupation (month 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicida, or homicide? 16. BIRTHPLACE (city or town (State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR JEMOV Manner of injur Natura of injury. 19. UNDERTAKER (Address) If so, specify Mari

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Example I	10	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis HIREAU	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	82-2
County Cecil	Registration Dist. No. 9293
Village or City Near Convention	No. St., Ward
74	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
(M)00 / P2 0 /	4-
2. FULL NAME SALEGROCISCAGO SCOL	CA 144-4
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophice Scott	22. S I HEREBY CERTIFY. That I ettended decessed from 1935, to 8 3 1935
6. DATE OF BIRTH (month, day, and year) Sent 30 -18-62	last sew h. In elive on 8 - 3 - 1935; death is said
7. AGE Years Months Days If LESS than I day,	to have occurred on the dete stated above, at
73 18 4 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end year) 11. Total time (yeers) spent in this occupation.	Other Contributory Causes of Importence:
12. BIRTIIPLACE (city or town) Mary fand	
(State or country)	parne -
13. NAME Thomas September Scott	
4. BIRTHPLACE (city or town) (State or country)	Neme of operation
	What test confirmed diagnosis? Was there an autopsy? To
T One of the same	, 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, sulcide, or homicide?
O 16. BIRTHPLACE (city or town) - Alfaberg & Commerce (State or country)	Where did injury occur?
17. INFORMANT MAR Make Raleigh	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sursey Hell Consider Ung. 6, 1933:	Neture of injury
19. UNDERTAKER - Library (Address) (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED CHEG 5 1935 Prace Proces	(Signed) & Sand Leavelle & a.

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: F V E D Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial mephritis CFP 5 1095	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU Y. S.				
Other contributory causes of importance:		Other contributory causes of importance:	-	
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF PEATH COUNTY Coun	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08705
Village or City Change of the Control of St. Ward Length of residence in city or town where death occurred. (a) Residence: No. March Claubide of Abdress PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR BYORCED (cere the word) So. If married, widowed, or divorced If monorident give city or town and State MEDICAL CERTIFICATE OF DEATH 22. DATE OF DEATH (by) So. If married, widowed, or divorced (co) WIFE of Days If LESS than AGE TAGE Years Menths Days If LESS than AGE, mark AGE	1. PLACE OF DEATH	(19)
Length of residence in city or lown where death occurred	County Cecil	Registration Dist. No. 9/
Length of residence in city or town where death occurred		
(a) Residence: No. Manual plant about St. Ward. PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOVED OR DIVORCED ("service the word) 5a. Il married, widowed, or divorced (or) Wife of Country) 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months 2. J. If LESS than of work does, as SPINHER, some of years in which of work does, as SPINHER, some of years in the country of both of the country of the count		
(Qualpilece of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DYORKED (with the word) 5. If married, widowed, or divorced (co. Wife of (co. Wife of co. Wife of co. Wife of (co. Wife of co. Wife	2 - P. 1 S.	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE COLORAL S. SINGLE, MARRED, WIDOWED, OR DIVORCED (wine the word) 5. If married, widowed, or divorced (HUSARD) 6. DATE OF BIRTH (month, day, and year) 7. AGE Vesrs Months Days If LESS than To the word or min. 7. AGE Rade, pofession, or particular sind or wid one as SPININER, SAWYER, BOOKEPER, etc. 9. Industry or business in which the same occupation. 10. Salt or country) 12. BIRTHPLACE (city or town) 13. SAME 14. BIRTHPLACE (city or town) 15. SIRTHPLACE (city or town) 16. State or country) 17. INFORMANT 18. BURTAL, GERMATION, OR REMOVAL Place 19. SIRTHPLACE (city or town) 19. Signed or country) 19. UNDERTAKER (Address) 18. BURTAL, GERMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. DESTATICULARS (Months) 19. UNDERTAKER (Address) 19. DESTATICAL CERTIFICATE OF DEATH 21. DATE OF BEATH (Month) (Month) (Day) (Test) 19. JASS B. Haumand Barmann (Months) 21. DATE OF BEATH 22. DATE OF BEATH (Month) (Months) (Month		· · · · · · · · · · · · · · · · · · ·
3. SEX **COLOR OR RACE CURSON S. SINGLE MARRIED, WIDOWED OR DIVORCED (concert the word) 5. If married, widowed, or divorced (co) Wife of Color Wife of Col		
Sa. It married, widowed, or divorced HUSAND (Month) (Day) 18. Trade, profession, or perticular said to heve occurred on the dete stated above, 16. Married, wire a stoleton or work done as SPINER, SAVER, BOOKEEPER, etc. 9. Industry or business in which said to the deceased as SPINER, SAVER, BOOKEEPER, etc. 9. Industry or business in which said to the deceased as the which said to the deceased as spiners. Sal MIL, BANK, etc. 10. Industry or business in which said to work done as SPINER, SAVER, BOOKEEPER, etc. 9. Industry or business in which said to work done as SPINER, SAVER, BOOKEEPER, etc. 10. Industry or business in which said to work done as SPINER, SAVER, BOOKEEPER, etc. 9. Industry or business in which said to were as Joliphy. SAVER, BOOKEEPER, etc. 10. Industry or business in which said to were as Joliphy. SAVER, BOOKEEPER, etc. 11. Total time (years) span in this occupation. SAVER, BOOKEEPER, etc. 12. BIRTHPLACE (city or town). (State or country) 13. MANE 14. BIRTHPLACE (city or town). (State or country) 15. INDUSTRY, INDUSTRY, IN HOME, or in PUBLIC PLACE. (Address) 16. BIRTHPLACE (city or town). (Address) 17. INFORMANT AND SAVER AS	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
## SAND of (cr) Wife of 8. DATE OF BIRTH (month, day, and year) Dec 9 933 7. AGE Years Months Days If LESS than 7 2 y 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done as SPINNER, SANYER, BOOKKEER, etc	A OP DIVORCED (guilte the word)	. (whist 6 1935
6. DATE OF BIRTH (month, day, end year) Dec 9 / 933 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular sind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 12. BIRTHPLACE (city or town) County Days or min. 12. BIRTHPLACE (city or town) County Days or was a country or which was done to external causes of importence: 13. NAME ON TOWN OF T	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	
T. AGE Vears Months Days If LESS than 7 2 3 1 dayhrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: were as follows: were as follows: SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or business of importance Were as follows: 9. Industry or business of importance Were as follows: 9. Industry or business of importance Were as follows: 9. Industry or business of importance Were as follows: 9. Industry or business of importance Were as follows: 9. Industry or business of importance Were as follows: 9. Industry or business of importance Were as follows: 9. Industry or business of importance Were as follows: 9. Industry or business of importance Were as follows: 9. Industry or business of importance Were as follows: 9. Industry or business of importance Were as follows: 9. Industry or business of importance Were as follows: 9. Industry or business of importance Were as follows: 9. Industry or business of importance Were as follows: 9. Industry or business of importance Were as follows: 9. Industry or business of importance Were as follows: 9. In	S DATE OF DIPTH (most) day and year) Dec. 9 /933	+ + +
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17. INFORMANT Perry Sewell Williams Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Character of the Company of the Com	O 16. BIRTHPLACE (city or town)	
18. BURIAL, CREMATION, OR REMOVAL Place Manuer Quirely Date Grey S., 19-3) 19. UNDERTAKER A. C.	17. INFORMANT Peny Seevell, 7,0	(Specify city or town, county and State)
19. UNDERTAKER 26. WP if his (Address) Electron and 24. Was disease or injury in any way related to occupation of deceased? No left so, specify (Signed) fames (Signed) fines (Signed) fines (Address) 23.2 f. fight st; Electron was	18. BURIAL, CREMATION, OR REMOVAL	THE RESIDENCE OF THE PROPERTY
20. FILED 19.53 13: Marrier I Stanting (Algress) 232 I. figl, St; Elatar und	19. UNDERTAKER 2. WPippin	24. Was disease or injury in any way related to occupation of deceased?
	Registrar.	(Aldess) 232 2. fige, st; Eller und

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II	
al cause of death and related causes ce were as follows:	Date of onset 1 week ago
treet car	1 week ago
	3 days ago
ibutory causes of importance:	1 year
S	

	1040	

щ

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(213-d)
County Clay	Registration Dist. No.
Village or City Horth East P.D	NoSt.,Ward
Nisitura, (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsy mos.) not a retered.
2. FULL NAME (Koysing orion	0/1/11.
(a) Residence: No. 434 North on the (Usual place of abode)	St., Ward. Miloscolomo State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
(01) 1112 01	, 19, to, 19, 19
6. DATE OF BIRTH (month, dey, and year) 2-12-22	I last saw h elive on, 19; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5. 30 Pm.
13 1 2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	h/10000000 8/3/31
SAWYER, BOOKNEEPER, etc.	7901
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (yeers)	
this occupation (month and year) spent in this ogrupation	
12, BIRTHPLACE (city or town) Washington	Other Contributory Causes of importance:
(State or country), A.M. C.	
13. NAME Phillo Kornos	
13. NAME Allo Thorpes 14. BIRTHPLACE (city or town) Washingto	:Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Silhar Jeard:	23, If death was due to external causes (VIOL EMCE) fill in also the following:
Washington	Accident, suicide, or homicide Occupant Oate of injury 0/3, 19.35
16. BIRTHPLACE (city or town) Wash JOSE (State or county)	Where did injury occur? North East Ofiner
17. INFORMANT Willey H. Gaglergia	Specify whether Dijury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 7 3 7 7. SO THE WAY OF THE	Tell how bont
Place Clothen Catholic Date Dung 6 1935	Manner of injury Could not Swim
19 UNDERTAKER Joseph a Liaux	24. Was disease or injury in any way related to occupation of deceased?
(Address) Routh East Md	If so, specify
20. FILEO 8 6 19 32 Toll. Quein	(Signed) Manley W telfers M.B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	21915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	9921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	3 3	CL CL	9 - 9
	3	0	
Other contributory causes of importance:	12	Other contributory causes of importance:	
Gallstones	May 1,1923	Hastroenteritis	1 year
	1		

V. S. No. 1

	S	TATE O	F MARY	LAND-	CERTIFICATE OF I	DEATH	08707
1.	PLACE OF DEA	тн			93-c		
	County Cec	la				tration Dist. No. 9	/
	Village or City C	11 1	ate		No	St.	Ward
					death occurred in a hospital or institution, give it		number)
1	Length of residence in c	ity or town where de	eeth occurred	yrsmos	ds. How long in U.S. If of foreign b	Les sur me	mosas.
2.	FULL NAME	Willian	n gunge	Lucher	If U.S. Veteran apecify WAR.	000000000000000000000000000000000000000	************
	(a) Residence: No	un	(Usual place of	of abode	St., Ward.	nresident give city or town as	J 6
	PERSONAL AN	ID STATISTIC	TOTAL TOTAL ESTIMATE		MEDICAL CERTIFI		id State
3. SEX		OR OR RACE	5. SINGLE, MARRI		21. DATE OF DEATH	OATE OF BEATT	
1	nale w	hite		(write the word)	ang (Morah)	(Dey)	, 193.5 (Yeer)
	married, widowed, or div	snawn			22. I HEREBY CER	TIEV That Lattends	d deceased from
	(or) WITE of	0,000				10 aug. 31	
6 DA	TE OF BIRTH (month, da	v and vear)	7.1. 20	1856	I lest sew h in elive on Ulug :		e ; deeth is seld
7. AG		Months	Deys	If LESS than	to heve occurred on the dete stated ebove, et	130 P. m.	
	79	6	11	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and rela	ited causes of Importance	I Date of season
z	8. Trede, profession, or p	particuler					Date of enset
2	8. Trede, profession, or p kind of work done SAWYER, BOOKKE		nane		aurecular Litrell	ation	2 days
PA	9. Industry or business i work wes done, es	SILK MILL.			· · · · · · · · · · · · · · · · · · ·		
OCCUPATION	SAW MILL, BANK, O. Dato deceased lest wo	rked et	11. Totel tim	ne (yeers)			
0	this occupation (mo		spant occup	in this ation			
10 D	INTUNE ACC California				Other Cantributory Causes of Importance:		
12. B	(State or country)	ma	wland.		Myocarditis; Chronic	1. Duration :	Unbnow
E 1	3. NAME	William	n Tucker			No Cingy	Ze rszaz woż
FATHER	4. BIRTHPLACE (city or t				Name of operation		
F .	(State or country)		ryland		Whet test confirmed diagnosis?		
E I	5. MAIDEN NAME	matilda	Dem	us	23. If deeth wes due to externel causes (VIOL	ENCE) fill in elso the follow	ng:
MOTHER	16. BIRTHPLACE (city or t	own)		4	Accident, suicide, or homicide?	Oete of Injury	, 19
Σ	(Stete or country)	7	naveland	1	Where did injury occur?		
17. 10	NFORMANT Cler (Address)	reland Per	Tuchu n Bila	4	Specify whether injury occurred in INOUSTR	fy city or town, county and S RY, in HOME, or in PUBLIC F	PLACE.
18. B	URIAL, CREMATION, OR		111	,/	Menner of injury		
	Plece/31thul	Cemuly	Date_SUM	7 ,1935	Neture of injury		
19 11	NDERTAKER E. S.	ster Dar	riels		24. Wes disease or injury In any wey releted		
15. 0		mend, E	ela.		If so, specify		
On F	ILED 9/3	1935 B	4. Brow	n	(Signed) Llensy /	Dynus	M. D.
9.11	(LLD #	, Avagresses of the sale		Registrar.	(Address) O Chinake	rake city, mg	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	49.811
May 1,1923	Gastroenteritis	1 year
The state of the s	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 08708
1. PLACE OF DEATH	<u> </u>
Village or City Geeklon Maneyland	Registration Dist. No. No. No. St., Ward death occurred in a horpital or institution, give hyNAME instead of street and number)
Length of residence In city or town where death occurred	the How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Nale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIFFORCED (popular the word)	21. DATE OF DEATH (luguet), 193 (Year)
e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. JHEREBY CERTIFY, That I attended deceased from 1935, to 1935
5. DATE OF BIRTH (month, day, and year) Cleeges 15 - 19 85	I last saw h Walife on all 19 ; death is said
AGE Years Months Days If JESS than 1 day,hrs.	to heve occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	mis carrage
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	gestation!
10. Date daceased last worked at this occupation (month and year)	Other Coutributory Causes of Importance:
(State or country))
13. NAME Harid Grelfith True Helt	
14. BIRTHPLACE (city or town) Dougland	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME France Nangros Nancy 16. BIRTHPLACE (city or town) Lanney lvasia	23. If death was dua to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?, 19, 19
17. INFORMANT Muse Frances Van Peet	Whera did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Neurise Data 8/13, 1935	Manner of injury
19, UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
20. FILED aug 15, 1935 & Baces Donge Registrar.	(Signed) Colored M.D. D. (Address) Rising Sun Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 579 5 1900	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
	\\i		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

certificate.

See instructions on back of

TION is very important.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

08709

1	. PLACE OF DEATH	
	County Cecil WITHIN CORPORAT	Registration Dist. No.
	Village or City Elkton, Md.	NoSt.,Ward
	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
2	2. FULL NAME Clinton J. White	If U.S. Veteran epecify WAR
	(a) Residence: No. Elkton, Md.	St., Ward. If nonresident give city or town and State
	(Usual place of abode)	MEDICAL CERTIFICATE OF DEATH
-	PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	august 26 1935
_		(Month) (Oay) (Year)
50.	. If married, widowed, or divorced HUSBANO of (or) WIFE of Martha M.White	22. I HEREBY CERTIFY, That I attended deceased from august 1 19 35 to august 2619 35
	TT TOAT	I last saw h Low alive on Quench 26 , 191 ; death is said
-	DATE OF BIRTH (month, day, and year) AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 3 20 P. m.
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
_	94 I5 ormin.	Were as follows: Ospo of onset 873 711
NO	kind of work done, as SPINNER, Retired Merchant	7.7.7.
ATI	9. Industry or business in which	
U.S	work was done, as SILK MILL, SAW MILL, BANK, etc	
OCCUPATION	10. Date deceased last worked at this occupation (month and year) 20 11. Total time (years) 20 11. Total time	
	Philadalphia	Other Contributory Canses of importance:
12	BIRTHPLACE (city or town) Philadelphia, (State or country) Pa	O. laster Selection
02	13. NAME Clinton J. White	- January
FATHER	No Information	
FAT	14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of
2		What test confirmed diagnosis? Was there an autopsy?
MOTHER	15. MAIDEN NAME Barbara Dennison 16. BURTURN ACC. (city of town) No Information	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
5	16. BIRTHPLACE (city or town) 10 111 01 112 01 01 (State or country)	Accident, suicide, or homicide?
=	(date of county)	Where did injury occur? (Specify city or town, county and State)
	(Address) Elkton Md.	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18	B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Hopewell Cemt_Date Aug. 29 ,1935	- Nature of injury
	UNOERTAKER H. W. Pippin & Sons Inc. La Wy	24. Was disease or injury in eny way related to occupation of deceased?
19	(Addiess) Elkton, Mid.	Tr so, specify A f
	Aurag x & Dans has	(Signed) Steeler Botan M.D.
20	O. FILEO WHY The Annual Registration	(Antress) Sexton and

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Chronic interstitial nephritis = 5 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

be properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

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Exact statement of OCCUPA-

D. Every item of infor-

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	<u> </u>
County Clerk	Registration Dist. No. 90
Village or City Cleuton	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs	mosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Still Bons White	(f, f)
(a) Residence: No.	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w	
5a. If merriad, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	190 0, to 3 19
6. DATE OF BIRTH (month, day, end year) (see 21, 1935	I last saw h elive on
7. AGE Yaars Months Deys If LESS	than to have occurred on the date statad above, atm.
Old Bon - 1 day,	in the fallows
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ill Born
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and search in this	
SAW MILL, BANK, etc	
O this occupation (month and spent in this year)	
D 1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Cellow (State or country)	
	-,
14. BIRTHPLACE (city of town) Carleidly	
4. BIRTHPLACE (city of town) Carleille (State or country)	Name of operation Date of
(State of country)	What tast confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Sopher Fines 16. BIRTHPLACE (city or town) - Carlevilla (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) - Galeulla (State or country)	Accident, suicide, or homicide? Date of Injury, 19
- (State of County)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Les, Mulight (Address) Ceculian Mile.	Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Dete Cley 24	Mannar of Injury
19. UNDERTAKER TORY OF MITTERS THE SHEET	24. Was disease or injury in any way releted to occupation of decayeed?
(Address) Olcily Md.	If so, specify
20. FILED ally 2/ , 19 35 Cowar	(Signed) Jeyer M. D. (Address) Jakena M.S.
// Regi	(muliess)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 4 1933	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year
3			